THE MINISTER OF INFORMATION AND BROADCASTING (SHRIMATI SUSHMA SWARAJ): (a) and (b) Yes, Sir.

(c) The details are given below:—

KENDRA	YEARS	DURATION OF PROGRAMME (In hrs.)	AMOUNT SPENT (Rs. In Lakhs)
PATNA	1998-99	240	34.80
	1999-00	240	44.78
	2000-01	240	36.97
MUZAFFARPUR	1998-99	109.30	05.71
	1999-00	96.30	08.00
	2000-01	113	09.99
RANCHI	1998-99	293	12.40
	1999-00	293	09.80
	2000-01	252	09.19
DALTONGANJ	1998-99	90	06.51
	1999-00	25	05.41
	2000-01	116	05.41

Mental Health Programme

†*206. PROF. R.B.S. VARMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are contemplating to extend the Mental Health Programme to rural areas;

(b) if so, the details thereof; and

(c) the details of amount proposed to be allocated therefor during Tenth Five Year Plan, State-wise?

†Original notice of the question was received in Hindi.

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) to (c) The aim of the District Mental Health Programme launched in 1996-97 under the National Mental Health Programme, is to identify persons suffering from various mental disorders and epilepsy and manage them at the primary health care centres and district level by trained doctors and with the active support of the families and the community in which the patient lives. Thus, the Programme is basically focused to rural areas. The District Mental Health Programme is presently being implemented in 25 districts covering 20 States and Union Territories in the country. In addition, four districts, one each in Tripura and Sikkim and two in Gujarat have been added during 2001-02.

It is envisaged to extend the District Mental Health Programme to cover 100 districts, and to upgrade the façilities in 37 mental hospitals in the public sector and psychiatric wings of 75 medical colleges and general hospitals, during the Tenth Five Year Plan Period.

Financial outlay for the National Mental Health Programme during the Tenth Five Year Plan Period is yet to be earmarked. Therefore, State-wise allocation cannot be indicated at present.

Alcohol-Related Health Problems

*207. SHRI H.K. JAVARE GOWDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the alcohol abuse is a serious health problem in Karnataka State; and

(b) if so, the steps taken by Government to combat the alcohol-related problems?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a) and (b) According to analysis done by the National Drug Dependence Treatment Centre, All India Institute of Medical Sciences, New Delhi, of the National Sample Survey Data (52nd Round conducted in 1995) the prevalence of alcohol consumption in rural and urban areas of Karnataka is slightly above the national average. In rural areas, the lowest prevalence of alcohol consumption is 0.4% in Lakshadweep and 1.7% in Haryana and the highest is 46.2% in Arunachal Pradesh. In urban areas the lowest